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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 146392004900
In re Application of Laura SIMMONS		
Application Number 10/764,428	Filed January 23, 2004	
For METHODS FOR PRODUCING HUMANIZED ANTIBODIES AND IMPROVING YIELD OF ANTIBODIES OR ANTIGEN BINDING FRAGMENTS IN CELL CULTURE		
Art Unit 1644	Examiner P. Huynh	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. (1 page)

WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.

I am the

- applicant /inventor. _____ /Gregory P. Einhorn/
Signature
- assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96) _____ Gregory P. Einhorn
Typed or printed name
- attorney or agent of record.
Registration number 38,440 _____ (858) 720-5133
- attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____ Telephone number
March 30, 2009 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.
